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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-878										89	Application of Portfall Number 09/149, 159		
Ŀ	CLAIMS AS FILED - PART I (COLUMN 1) (COLUMN 2) SMALL ENTITY										OTHER THAN		
	FOR		NUM	BER FILE	D in	MBER EXTRA]	RATE	FEE	7	RATE	FEE	
	SIC FEE CFR 1.16(a))				-	7		15	OR		-		
	TAL CLAIMS. CFR 1.16(d)		eninus	20 € .		7	K1		OR	X 1 =.			
	DEPENDENT CO	minus 3 ·			•	7;	X-5		OR	*1			
KIL	HULTIPLE DEPENDENT CLAIM PRESENT (31 CFR L16(d))						7	+1	1.	OR.	,, ,	1	
	"If the difference in column i is less than zero, enter V in column 2								1	J	TOTAL		
•	٠.	•		•				TOTAL			1417	` !	
	٠, ٠	CLAIM	s as an	IENDE	D - PART II	•	•	. •	٠.		OTH	ER THAN	
Ŀ	-25-06		dumin 1)		(Column 2	(Column 3	<u>)</u> .	SMALL	ENTITY	∵OR ⊐i		ENTITY	
E		RE	MAINING MAINING AFTER ENDMENT		HUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE	
ME	Total pr cen 1,444	1	12	Minus	20	1.7		x : 25 =		OR	x:50.		
AMENDMENT	Independent profit (.ica);	1	4	Minus	·· 4	- /] :	K1/00 :		OR	x 200		
₹	FIRET PRESEN	TATION	OF NULTIFL	E DEPEN	DENT CLAIM (III	CFR EJECT)		+1/80-		OR	+1360		
·	•				••	<i>\(\begin{array}{cccccccccccccccccccccccccccccccccccc</i>	- .	TOTAL ADOL FEE		OR	TOTAL ADO'L FEE		
6	22-06	(Cal	kuma () _ *	•	(Column 2). (Calumn 3)		<u> </u>			• • • • • • • • • • • • • • • • • • • •	· · · ·	
ENT		REN	LAIMS LAINING FTER NOMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL • PEE	
Σ	Total profit 1.14cg	(3	Minus	20	1-1	1	x:35 -		OR	x : <u>50</u> =		
S	Independent profit (.160)	•	1	Minus	-4	1.	1	x 1 /00-		OR	x 200=		
₹	FIRST PRESENT	ATION C	of MULTIPLE	DEPEND	ENT CLAM . (27 4	OFR 1.19(6))] [+./BD-		OR	+340=		
		•				1		ADO'L FEE		OR	TOTAL ADD'L FEE		
		(Coli	· uma 1)		(Column 2)	(Polumn 3)		:	•	. ,			
Ż		REM	AIMS AINING TER DIJENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMEN	Total			Minus	.4	• .	1	× 25.=		OR	×150=		
副	Independent (I) OFR L14(I)	•	·	Minus	•••	• .	lF	x : 100=		OR	* 1. ZOO=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.44(4))							+1/BO.		OR	+360		
.;			• .	•	* *****			TOTAL ADOL FEE		OR	TOTAL ADOLFEE		
***	If the entry in co If the T-Robest F If the T-Robest N	tumber f	reviously f	'eld For	n this space	Re "O" in column: is less than 20, to less than 3, co tenti to the highe	LYOL .?			Anis In cel			

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